FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Approval 3235-0076 OMB Number: May 31, 2005 Expires: Estimated average burden

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SEC	USE ONLY
Prefix	Serial
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DATE	RECEIVED
1	1

Name of Offering (☐ check if Offering of \$3,300,000 in aggregation)		<i>O</i> ,	cate change.)		
Filing Under (Check box(es) the	at apply): Rule 504	☐ Rule 505	⊠ Rule 506*	□ Section 4(6)	□ ULOE
Type of Filing: New Filing □	Amendment *The securities w	ere offered and sold in	a transaction that sati	sfies the requirements of	f SEC Reg D.
	A. BASIC II	ENTIFICATION DA	ATA	IS TEUCIVED	1000
1. Enter the information requeste	d about the issuer		<	< MAY 1 2 20	na .
Name of Issuer (☐ check if this	s is an amendment and name ha	s changed, and indicate	e change.)	The state of the s	
First Grayson Bancshares, Inc.				208	
Address of Executive Offices (Nur	nber and Street, City, State, Zip	Code)	Tel	ephone Nümber (Includ	ing Area Code)
3040 Rockbridge Road, McGrego	or, Texas 76657		(254	1) 848-2925	
Address of Principal Business Ope	erations (Number and Street, Cit	y, State, Zip Code)	Tel	ephone Number (Includ	ing Area Code)
139 E. Main, Whitesboro, Texas	76273		(903	3) 564-3535	
Brief Description of Business	Bank holding company			PRO(CESSED
Type of Business Organization					2001
	 limited partnership, al 		□ other i	(please specify): MAY	202004
☐ business trust	 limited partnership, to 				
Actual or Estimated Date of Incom	poration or Organization:	Month Y 1 0 8	ear 3	e	NANCIAL
Jurisdiction of Incorporation of	or Organization: (Enter two-	etter U.S. Postal Ser	vice abbreviation for	or State) DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. versely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	⊠ Executive Officer	□ Director	٥	General and/or Managing Partner
Full Name (Last name first, Stevens, William F.	if individual)					
Business or Residence Addr 3040 Rockbridge Road		Street, City, State, Zip Code) as 76657				
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, Barnard, Robert F.	if individual)					
Business or Residence Addr 139 E. Main, Whitesbo		Street, City, State, Zip Code)				
Check Box(es) that Apply:		□ Beneficial Owner	□ Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, Lovell, Jr., T. L.	,					
Business or Residence Addr 139 E. Main, Whitesbo	•	Street, City, State, Zip Code)				
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, Sharp, Robert H.						
Business or Residence Addr 139 E. Main, Whitesbo		Street, City, State, Zip Code)				
Check Box(es) that Apply:		□ Beneficial Owner	□ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		`			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)				
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)			·	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Answer also in Appendix, Colume 2, if filing under ULOE 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be peld or given, directly or indirectly, any commission or similar renumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SFC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer person or such a broker or dealer registered with the SFC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer person or such a broker or dealer registered with the SFC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check 'All States' or check individual States). All States All [AK] [AK] [AK] [AK] [AK] [AK] [AK] [AK]]	B. INF	ORM.	ATIO	N ABC	UT O	FFER	ING				
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2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a brocker or dealer registered with the SEC and/or with a state or states, list the rame of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a borker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or Check Individual States) (Check "All States" or State Intended to											_					<u> </u>
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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]																
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Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)																
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							[v1]	[vA]	[WA]		[141]	[vv I]	[FK]			
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Nam	ne (Last	name fii	rst, if inc	dividual))										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business	or Resi	dence A	ddress (Number	and Str	eet, City	y, State,	Zip Coo	le)						
(Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	Name of	Associa	ited Bro	ker or D	ealer					, , , , , , , , , , , , , , , , , , , ,						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	States in	Which l	Person L	isted H	as Solici	ited or I	ntends to	o Solicit	Purcha	sers				······································		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	(Check "	All State	es" or cl	neck ind	ividual S	States).							🗆	All Sta	tes	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]							-									
[DI] [SC] [SD] [TN] [TY] [HT] [VT] [VA] [WA] [WA] [WI] [WI] [PD]	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the column below the amounts of the securities of-			
	fered for exchange and already exchanged.			
	Type of Security	Aggregate		nount Already
		Offering Price		Sold
	Debt	\$3,300,000		
	Equity	\$(<u> </u>	0
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	<u> </u>	0
	Partnership Interests			0
) \$	0
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE	<u> </u>		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero.			
		Number Of Investors		Aggregate ollar Amount of Purchases
	Accredited Investors	10		850,000
	Non-accredited Investors	10	5 \$	1,400,000
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 3, if filing under ULOE		- ~	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			·
	Type of Offering	Type of Security		ollar Amount Sold
	Rule 505		_ \$	
	Regulation A		_ \$_	
	Rule 504		_ \$_	
	Total		_ \$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$_	
	Printing and Engraving Costs	⊏	\$_	
	Legal Fees	🛭	\$_	25,000
	Accounting Fees	⊠	\$_	10,000
	Engineering Fees	<i>.</i>	\$	
	Sales Commissions (Specify finder's fees separately)			
	Other Expenses (identify)			- Ha-ha-n
				35,000
	Total	IX.	Φ	

ter the difference between the aggregate offering price git ion 1 and total expenses furnished in response to Part C-Quadjusted gross proceeds to the issuer." "adjusted gross proceeds to the adjusted gross proceeds to the issuer each of the purposes shown. If the amount for any purpose and check the box to the left of the estimate. The total the adjusted gross proceeds to the issuer set forth in b. above. Salaries and fees Purchase of real estate	ssuer used or propose is not known, of the payments livesponse to Part	osed to be furnish an isted must	Payments to Officers, Directors, &		3,265,000
for each of the purposes shown. If the amount for any purpose and check the box to the left of the estimate. The total the adjusted gross proceeds to the issuer set forth in b. above. Salaries and fees Purchase of real estate	ose is not known, of the payments li response to Part	furnish an isted must	Officers,		
Purchase of real estate			Officers,		
Purchase of real estate			Affiliates	Pa	yments To Others
		🗖	\$	0 🗆 \$	0
			_		Ç
Purchase, rental or leasing and installation of machinery an			\$		
Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or	securities involve securities of anot	ed in this her issuer		_, _,	-
					2,300,000
Working capital	*	🗖	\$	<u>0</u> 🛭 🖠	965,000
Other (specify)	,	🗖	\$	<u>o</u> 🗅 s	(
Column Totals	• · · • · · · · · · · · · · · · · · · ·	o	\$	_ <u>0</u>	3,265,000
Total Payments Listed (column totals added)	******		🛭	\$3,265,0¢	<u> </u>
D. FEDERAL	SIGNATURE				
g signature constitutes an undertaking by the issuer to furn	ish to the U.S. Se	curities and	i Exchange Com	unission,	upon writter
rint or Type) Signature	. —	A	Date	16.000	4
eyson Bancshares, Inc.	lam f. A	even	May	10, 2002	
Signer (Print or Type) Title of Sign	ner (Print or Type))			
F. Stevens President					
	ffering that may be used in exchange for the assets or ursuant to a merger depayment of indebtedness Vorking capital Other (specify) Column Totals Total Payments Listed (column totals added) D. FEDERAL Thas duly caused this notice to be signed by the undersigned signature constitutes an undertaking by the issuer to furnities staff, the information furnished by the issuer to any notice to Type) Signature Vson Bancshares, Inc. Signer (Print or Type) Title of Signature	ffering that may be used in exchange for the assets or securities of another ursuant to a merger depayment of indebtedness Vorking capital Other (specify) Column Totals Total Payments Listed (column totals added) D. FEDERAL SIGNATURE Thas duly caused this notice to be signed by the undersigned duly authorized signature constitutes an undertaking by the issuer to furnish to the U.S. Security staff, the information furnished by the issuer to any non-accredited invention of Type) Signature Vison Bancshares, Inc. Signer (Print or Type) Title of Signer (Print or Type)	ffering that may be used in exchange for the assets or securities of another issuer ursuant to a merger	ffering that may be used in exchange for the assets or securities of another issuer cursuant to a merger	ffering that may be used in exchange for the assets or securities of another issuer ursuant to a merger

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
	(c), (d), (e) or (f) presently subject to any of the disqualification	Yes □	No ®
,	See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to D(17 CFR 239.5000) at such times as requ	to furnish to any state administrator of any state in which this notice is aired by state law.	filed, a no	tice in Form
3. The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, upon written request, inform	ation furni	shed by the
Limited Offering Exemption (ULOE) of the	e issuer is familiar with the conditions that must be satisfied to be entered to his motion is filed and understands that the issuer clashing that these conditions have been satisfied.		
The issuer has read this notification and know undersigned duly authorized person.	ws the contents to be true and has duly caused this notice to be sign	ed on its b	ehalf by the
Issuer (Print or Type)	Signature Date	10.7004	
First Grayson Bancshares, Inc.	William T. Stevens	10, 2004	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

President

WAY. 10. 2004-12:32PM BRACEWELL PATTERSON DALLAS 1 NO. 5271 P. 3

Instruction:

William F. Stevens

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Constitution and Constitution (Constitution Constitution	· · · · · · · · · · · · · · · · · · ·
un UL attach ased in State of wa	5 ualification der State OE (if yes, explanation iver granted) t E-Item 1)
Number of Nonaccredited Investors Amount Yes	No

							ļ		5
1	Intend non-ac inves	to sell to credited tors in tate 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT									
NE									
NV					_				
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ок							-		
OR									
PA									
RI									
SC									
SD					_				
TN									
TX	1		Debentures \$3,300,000	10	\$850,000	16	\$1,400,000		/
UT					_				
VT					<u> </u>				
VA									<u> </u>
WA									
WV									ļ
WI									
WY									